

**CMR**

**IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

**CASE MANAGEMENT TRACK DESIGNATION FORM**

Nixon : CIVIL ACTION

:  
v. :  
:

NO. **18 0685**

Philadelphia County Clerk of Courts, et. al.

In accordance with the Civil Justice Expense and Delay Reduction Plan of this court, counsel for plaintiff shall complete a Case Management Track Designation Form in all civil cases at the time of filing the complaint and serve a copy on all defendants. (See § 1:03 of the plan set forth on the reverse side of this form.) In the event that a defendant does not agree with the plaintiff regarding said designation, that defendant shall, with its first appearance, submit to the clerk of court and serve on the plaintiff and all other parties, a Case Management Track Designation Form specifying the track to which that defendant believes the case should be assigned.

**SELECT ONE OF THE FOLLOWING CASE MANAGEMENT TRACKS:**

- (a) Habeas Corpus – Cases brought under 28 U.S.C. § 2241 through § 2255.
- (b) Social Security – Cases requesting review of a decision of the Secretary of Health and Human Services denying plaintiff Social Security Benefits.
- (c) Arbitration – Cases required to be designated for arbitration under Local Civil Rule 53.2.
- (d) Asbestos – Cases involving claims for personal injury or property damage from exposure to asbestos.
- (e) Special Management – Cases that do not fall into tracks (a) through (d) that are commonly referred to as complex and that need special or intense management by the court. (See reverse side of this form for a detailed explanation of special management cases.)
- (f) Standard Management – Cases that do not fall into any one of the other tracks. **550**

Date

FEB 15 2018

Damij McDaniel

Deputy Clerk

Attorney for

Telephone

FAX Number

E-Mail Address

**CMR**

## UNITED STATES DISTRICT COURT

**18 0685**

FOR THE EASTERN DISTRICT OF PENNSYLVANIA — DESIGNATION FORM to be used by counsel to indicate the category of the case for the purpose of assignment to appropriate calendar.

Address of Plaintiff: PO Box A, Bellefonte, PA 16823

Address of Defendant:

Place of Accident, Incident or Transaction: Philadelphia

(Use Reverse Side For Additional Space)

Does this civil action involve a nongovernmental corporate party with any parent corporation and any publicly held corporation owning 10% or more of its stock?  
 (Attach two copies of the Disclosure Statement Form in accordance with Fed.R.Civ.P. 7.1(a))

Yes  No 

Does this case involve multidistrict litigation possibilities?

Yes  No 

RELATED CASE, IF ANY:

Case Number: \_\_\_\_\_ Judge: \_\_\_\_\_ Date Terminated: \_\_\_\_\_

Civil cases are deemed related when yes is answered to any of the following questions:

1. Is this case related to property included in an earlier numbered suit pending or within one year previously terminated action in this court?  
 Yes  No
2. Does this case involve the same issue of fact or grow out of the same transaction as a prior suit pending or within one year previously terminated action in this court?  
 Yes  No
3. Does this case involve the validity or infringement of a patent already in suit or any earlier numbered case pending or within one year previously terminated action in this court?  
 Yes  No
4. Is this case a second or successive habeas corpus, social security appeal, or pro se civil rights case filed by the same individual?  
 Yes  No

CIVIL: (Place ✓ in ONE CATEGORY ONLY)

A. *Federal Question Cases:*

1.  Indemnity Contract, Marine Contract, and All Other Contracts
2.  FELA
3.  Jones Act-Personal Injury
4.  Antitrust
5.  Patent
6.  Labor-Management Relations
7.  Civil Rights 550
8.  Habeas Corpus
9.  Securities Act(s) Cases
10.  Social Security Review Cases
11.  All other Federal Question Cases  
 (Please specify) \_\_\_\_\_

B. *Diversity Jurisdiction Cases:*

1.  Insurance Contract and Other Contracts
2.  Airplane Personal Injury
3.  Assault, Defamation
4.  Marine Personal Injury
5.  Motor Vehicle Personal Injury
6.  Other Personal Injury (Please specify)  
 (Please specify)
7.  Products Liability
8.  Products Liability — Asbestos
9.  All other Diversity Cases

I, \_\_\_\_\_, counsel of record do hereby certify:

Pursuant to Local Civil Rule 53.2, Section 3(c)(2), that to the best of my knowledge and belief, the damages recoverable in this civil action case exceed the sum of \$150,000.00 exclusive of interest and costs;

Relief other than monetary damages is sought.

DATE: \_\_\_\_\_ Attorney-at-Law \_\_\_\_\_ Attorney I.D.# \_\_\_\_\_

NOTE: A trial de novo will be a trial by jury only if there has been compliance with F.R.C.P. 38.

I certify that, to my knowledge, the within case is not related to any case now pending or within one year previously terminated action in this court except as noted above.

FEB 15 2018

DATE: \_\_\_\_\_

*Daniel McConal*

Deputy Clerk

Attorney I.D.#

CIV. 609 (5/2012)

CMR

FORM TO BE USED BY A PRISONER IN FILING A CIVIL RIGHTS COMPLAINT  
IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

(1) JAMES E. NIXON SR, DX5698 :  
(Name of Plaintiff) (Inmate Number)  
Box A Bellevue PA 16823-0820 :  
(Address)

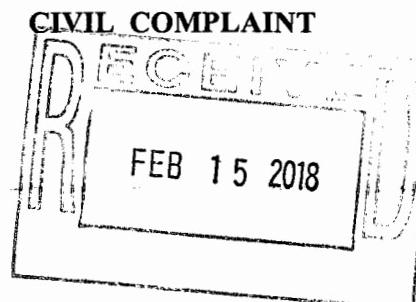
(2) \_\_\_\_\_ :  
(Name of Plaintiff) (Inmate Number)  
\_\_\_\_\_ :  
(Address)

(Each named party must be numbered,  
and all names must be printed or typed)

vs.  
(1) Philadelphia County Clerk of Courts :  
(2) Philadelphia District Attorney's Office :  
(3) \_\_\_\_\_ :  
(Names of Defendants) ET Al

(Each named party must be numbered,  
and all names must be printed or typed)

18 0685  
(Case Number)



TO BE FILED UNDER:  42 U.S.C. § 1983 - STATE OFFICIALS

28 U.S.C. § 1331 - FEDERAL OFFICIALS

I. PREVIOUS LAWSUITS

- A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

*N/A*

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## II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? Yes  No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? X Yes    No
- C. If your answer to "B" is Yes:
  1. What steps did you take? I went to the Right To Know Law Office
  2. What was the result? Couldn't help me, And couldn't get documents I requested.
- D. If your answer to "B" is No, explain why not: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## III. DEFENDANTS

- (1) Name of first defendant: Clerk of Courts  
Employed as Philadelphia County Courthouse  
Mailing address: 1301 Filbert Street, Room 310, Philadelphia PA 19107
  - (2) Name of second defendant: Philadelphia District Attorney's Office  
Employed as \_\_\_\_\_ at \_\_\_\_\_  
Mailing address: 3 South Second Square Philadelphia PA 19107
  - (3) Name of third defendant: \_\_\_\_\_  
Employed as \_\_\_\_\_ at \_\_\_\_\_  
Mailing address: \_\_\_\_\_
- (List any additional defendants, their employment, and addresses on extra sheets if necessary)

## IV. STATEMENT OF CLAIM

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets if necessary.)

1. I asked for my Criminal Records from 3-15-98 until 9-6-17 from both the Clerk of Courts, and also the Phila District Attorney's Office they refused

to answer my request. The Defendants are denying  
me of access to the Courts. And violating my  
Due Process Rights Concerning the right to  
have requested so that I could see the Court  
to challenge my conviction.

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. RELIEF**

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. All I'm asking for is the records that I'm re-  
questing. Plus cost and interest.

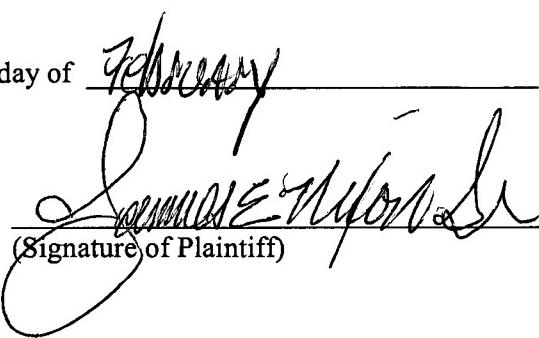
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

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I declare under penalty of perjury that the foregoing is true and correct.

Signed this 11<sup>th</sup> day of February, 2018.

  
(Signature of Plaintiff)

CMR

## AUTHORIZATION

(Prisoner's Account Only)

Case No.

18 0685

NOTE: Completing this authorization form satisfies your obligation under 28 U.S.C. § 1915(a)(2) to submit a certified copy of your trust fund account.

I, James E Nixon, Sr, request and authorize the agency holding me in custody to send to the Clerk of Court, United States District Court for the Middle District of Pennsylvania, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) at the institution where I am incarcerated. I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust account (or institutional equivalent) in the amounts specified by 28 U.S.C § 1915(b).

This authorization is furnished in connection with the filing of a civil action, and I understand that the filing fee for the complaint is \$350.00. I also understand that the entire filing fee will be deducted from my account regardless of the outcome of my civil action. This authorization shall apply to any other agency into whose custody I may be transferred.

Date:

February 11th 2018

James E Nixon, Sr  
Signature of Prisoner